



Newsletter



Northern Lincolnshire
Area Prescribing Committee

September 2015

Patient Treatments

In July, the APC reviewed several treatments. The treatments and outcomes are below:

Alogliptin has been added to the Formulary and will be included in the Diabetes Pathway during the annual review, which will take place by November 2015. During the pathway review, several newer insulin products will be assessed and a comparison table for all the SGLT2i medicines will be added in a similar format to the existing table for DPP4i options. Alogliptin can be found in Formulary Chapter 6.1.2.3.

Omalizumab 150mg/ml PFS has been amended to include NICE [TA339](#) in Formulary Chapter 3.4.2. (NICE TA339 replaces TA313).

Ustekinumab 90mg/ml PFS has been amended to include NICE [TA340](#) in Formulary Chapter 13.5.3.

Apixaban tablets have been amended to include NICE [TA341](#) in Formulary Chapter 2.8.2.

Vedolizumab 300mg vial has received a positive Nice Technology Appraisal (NICE TA342). The APC agreed that use as per [TA342](#) is in accordance with regional needs and vedolizumab has been added to Formulary Chapter 1.5.3.

Obinutuzumab 25mg/ml, 40mg vial has received a positive Nice Technology Appraisal (NICE TA343). The APC agreed that use as per [TA343](#) is in accordance with regional needs and obinutuzumab has been added to Formulary Chapter 8.2.3.

Ofatumumab 20mg/ml, 100mg and 1000mg vials has been amended to include NICE [TA344](#) in Formulary Chapter 8.2.3.

Medroxyprogesterone acetate 150 mg/ml injection has been added to Formulary Chapter 7.3.2.2. This was reviewed due to a New Line Request being received for this medicine. The APC noted that the omission of this product was due to an oversight rather than an intentional decision.

Treclin Gel was not added to the Formulary due to the APC requiring further work on an acne pathway. The pathway should highlight which medicines will be used for each type/severity of acne and when to refer the patient for specialist assessment. A further review will be conducted when an updated pathway is received.

Hydroxychloroquine 200mg Tablets

The Plaquenil brand has been discontinued. Prescriptions should be written generically.

Adrenaline Auto-injectors

Due to longer expiry dates, longer needles and a clinically suitable dose, the APC suggests that Emerade 500mcg/dose is used as the first line choice for anaphylaxis.

There are several brands of adrenaline auto-injector available to the Hospital Trust and primary care organisations. These include the following:

Epipen:	150mcg dose	£26.45	Exp. 18 months	15mm needle
	300mcg dose	£26.45	Exp. 18 months	15mm needle
Emerade:	150mcg dose	£26.94	Exp. 30 months	16mm needle
	300mcg dose	£26.94	Exp. 30 months	25mm needle
	500mcg dose	£28.74	Exp. 30 months	25mm needle
Jext:	150mcg dose	£23.99	Exp. 18 months	15mm needle
	300mcg dose	£23.00	Exp. 18 months	15mm needle

Adrenaline auto-injectors are used for emergency treatment of allergic reactions (anaphylaxis). The reactions can be due to many factors, but most commonly insect stings, food allergies and allergies to chemical substances (including medicines). The BNF states that 'First-line treatment of anaphylaxis includes securing the airway, restoration of blood pressure (laying the patient flat and raising the legs, or in the recovery position if unconscious or nauseated and at risk of vomiting) and administration of adrenaline (epinephrine) injection. Adrenaline is given intramuscularly in a dose of 500 micrograms (0.5 mL adrenaline injection 1 in 1000); a dose of 300 micrograms (0.3 mL adrenaline injection 1 in 1000) may be appropriate for immediate self-administration.' A summary poster from the Resuscitation Council (UK) can be found here:

<https://www.resus.org.uk/EasySiteWeb/GatewayLink.aspx?allId=792>

With regard to practical usage and needle length, information from the European Medicines Agency can be found here:

http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/human/referrals/Adrenaline_auto_injectors/human_referral_000367.jsp

Infective Diarrhoea & Loperamide Use

Loperamide and other anti-motility drugs should not be used if there is any suspicion of infective diarrhoea. Advice relating to this is being circulated to community pharmacies throughout the region.

Please refer to the APC Formulary and relevant pathways for further information:

[Formulary](#) [Pathways](#) [New Requests](#) [Recent Additions](#) [Newsletters](#)